



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E374940**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	14-02867
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 11 - 09 - 2014	1000	31		
N S E W IN OF 0664				

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	8900
MARKET PLACE NE		
MILE POST <input type="checkbox"/>		

DISTANCE	OF (REFERENCE OR CROSS STREET)
50 00 MILES FEET <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W	91ST AVE NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	ST	ZIP
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GDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX U	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	ST	ZIP
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GDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	STATE	SEX U	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
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LICENSE PLATE #	STATE WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR 2007	MAKE CHEV	MODEL K1	STYLE PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	JESSE ABERCROMBIE 9206 19TH PL SE LAKE STEVENS WA 98258 D: 4252801309
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # GEICO 4251-04-55-40	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
J. KILROY #0132	#0132	WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E374940**

CASE # **14-02867**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

NARRATIVE

On 11/14/14 I spoke with Jesse Abercrombie at the Lake Stevens Police Department concerning a hit and run. Abercrombie stated he noticed damage to his vehicle while he was at Home Depot on 11/09/14. Abercrombie said his vehicle was legally parked at 8915 Market PI (Haggen Food) in Lake Stevens on 11/09/14 from 1000 to 1300 hours. Abercrombie believes that while the vehicle was parked at Haggen Food it was hit on the rear right side panel. Abercrombie said the vehicle was parked at his friends house for four days prior with the passenger side of the vehicle facing the house and the drivers side of the vehicle facing the road.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

11-15-14 05:10 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

11/16/2014 7:40:21 PM

BADGE OR ID # **#0132**

ORI # **WA0311900**

TIME POLICE DISPATCHED **1:11 PM**

TIME POLICE ARRIVED **1:11 PM**

NOT OBSERVED

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-02862

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Abercrombie, Jesse, Davis	RACE	ETH	SEX M	DOB 9/26/84	AGE 30	HGT 6	WGT 180	HAIR Br	EYES Hazel
STREET ADDRESS 9206 14th Pl SE		CITY Lake Stevens		STATE WA		ZIP 98288		RES. STATUS		
HOME PHONE (425) 280-1309		CELL PHONE Same		PLACE OF EMPLOYMENT Handy Heating						
WORK PHONE Same		EMAIL ADDRESS								

I, Jesse Abercrombie, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On 11/9/14 at 10:00pm I noticed that the back passenger fender on my 2007 chev 271 had been damaged. When I noticed the damage I was at the Snohomish Hemedepot and had just gotten out of my vehicle. Prior that day, between 10:00am and 1:00pm I was parked in the parking lot at Hagons in Lake Stevens and that was the only place my truck was parked that day, as well as the only place I drove that day. Prior to that my truck was parked at a friends house from 11/6/14 to 11/9/14.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 11/14/14	LOCATION SIGNED LSPD
OFFICER/NUMBER: SK12ROY/132	DATE SIGNED 11/14/14	LOCATION SIGNED Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Case # 14-02867

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number SKURCHY 137		Case Number 14-02867			
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: Hit and Run		Date/Time: 11/4/14			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification					
Item # JK-1	Item CD	Brand Name		Storage Location	Disposition		
Action # 3	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found w/ Photos	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC	✓	Date:	CAD/RMS Checked	ROUTING: _____	
Name: _____ # _____		NCIC/WACIC +		Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____		NCIC/WACIC -		Date:	Owner Letter Sent:	Yellow: Case File	

LSPD
ORIGINAL

Incident History for: #SS14022692

Case Numbers: \$SS14002867

Entered 11/14/14 13:11:33 BY SPDP17 SP0377

Dispatched 11/14/14 13:11:33 BY SPDP17 SP0377

Enroute 11/14/14 13:11:33

Onscene 11/14/14 13:11:33

Closed 11/14/14 13:36:10

Initial Type: SUSP Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 377J-5 Group: SS1 Beat: Src

Loc: 2211 GRADE RD , LKS -- LKS PD , LKS btwn 22 ST NE & 24 PL NE (V)

Loc Info:

Name: Addr: Phone:

/1311 (SP0377) \$OUTSRV , WALK IN
/1311 DISPOS 19D3 #SS132 KILROY, OFFICER (JOSH)
#SS120 BERNHARD, OFFICER (KERRY)
WALK IN
/1311 CHANGE LOC: LKS PD --> 2211 GRADE RD , LKS,
BLK: --> SS001
/1317 OK 19D3 , C4 NFC
/1320 ASNCAS 19D3 \$SS14002867
/1320 CHANGE TYP: SUSP
---> COL .
H/R
/1336 (SS132) *CLEAR 19D3 D/H
/1336 CLOSE 19D3

LSP
ORIC